

**UTAH DEPARTMENT OF HUMAN SERVICES
OFFICE OF LICENSING
ADULT DAY CARE
RULES CHECKLIST**

Licensing Staff: _____ Date: _____

Program: _____

Address: _____

Licensed Capacity: _____ Number of Consumers Enrolled: _____

Director Signature: _____ Fee: _____

*Effective May 4, 1998 (62A-2-106), Divisions will enforce the following Rules for licensees under contract.

COMPLIANCE REQUIREMENTS	Y	N	N	CONT	COMMENTS
R501-13	E	O	/	RACT	
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R501-13. Adult Day Care. The following is on file: 1. application 2. current staff information (org. chart, staff list, etc.) 3. approved background clearance screening form when required.					
R501-13-3. Definition. Program meets the definition of Adult Day Care.					
R501-13-4. Governance. A. Program has a governing body, which has responsibility for and authority over the policies, procedures and activities of the program.					
B. Governing body is one of the following: 1. a Board of Directors in a nonprofit organization; or 2. commissioners or appointed officials of a governmental unit; or 3. Board of Directors or individual owners of a for-profit organization.					
C. Program has a list of members of the governing body, indicating name, address and term of membership.					
D. Program has an organization chart, which identifies operating units of the program and their interrelationship. Chart defines lines of authority and responsibility for all program staff.					
E. If the governing body is composed of more than one person, the governing body establishes bylaws, holds formal meetings at least twice a year to evaluate quality assurance. A written record of meetings including date, attendance, agenda and action s is maintained on-site					
F. Responsibilities of the governing body are as follows: 1. to ensure program policy and procedure compliance, 2. to ensure continual compliance with relevant local, state and federal, requirements, 3. to notify the Office within 30 days of changes in program purpose or administration or, and 4. to ensure the program is fiscally sound.					
R501-13-5. Statutory Authority. A. A publicly operated program documents the statutory basis for existence.					
B. A privately operated program documents ownership or incorporation.					
R501-13-6. Program Administration. A. A qualified Director is designated by the governing body and is responsible for day to day program operation.					
B. Records as specified are maintained on-site.					
C. Program personnel do <u>not</u> handle consumer finances.					

COMPLIANCE REQUIREMENTS R501-13	Y E S	N O	N / A	CON T R A C T	COMMENTS
D. There is a written statement of purpose to include the following: 1. mission statement, 2. description of services provided, 3. description of services <u>not</u> provided, 4. description of population to be served, 5. fees to be charged, and 6. participation of consumers in activities related to fund raising, publicity, research projects, and work activities that benefit anyone other than the consumer.					
E. Statement of purpose is provided to the consumer and the responsible person and is available to the Office, upon request. Notice of availability is posted.					
F. There is a quality assurance plan to include a description of methods and standards used to assure high quality services. Implementation of the plan is documented and available for review by the Office, the consumer, and the responsible person.					
G. There are written reports of all grievances and their conclusion or disposition. Grievance reports are maintained on-site.					
H. Program has clearly stated guidelines and administrative procedures to ensure the following: 1. program management, 2. maintenance of complete and accurate accounts, books, and records, and 3. maintenance of records in an accessible, standardized order and retained as required by law.					
I. All program staff, consultants, volunteers, interns and other personnel read, understand, and sign the current DHS Provider Code of Conduct.					
J. Program posts their license in a conspicuous place on the premises.					
K. Program complies with State and Federal laws regarding abuse, posts a copy of State Laws 62A-3-301, and provides an informational flyer to each consumer and the responsible person.					
L. Program meets ADA guidelines and makes reasonable accommodations for consumers and staff.					
M. Program complies with local building code enforcement for disability accessibility.					
R501-13-7. Record Keeping. A. The Director maintains the following on-site at all times. 1. organization chart, 2. bylaws of the governing body if applicable, 3. minutes of formal meetings, 4. daily consumer attendance records, 5. all program related leases, contracts and purchase-of-service agreements to which the governing body is a party, 6. annual budgets and audit reports, 8. annual fire inspection report and any other inspection reports as required by law, and 9. copies of all policies and procedures.					
B. Director has written records on-site for each consumer, and includes: 1. demographic information, 2. Medicaid and Medicare number, when appropriate, 3. biographical information, 4. pertinent background information, a. personal history, including social, emotional, and physical development, b. legal status, including consent forms for dependent consumers, and c. an emergency contact with name, address and telephone number, 5. consumer health records including the following: a. record of medication including dosage and administration, b. current health assessment signed by a physician, and c. signed consent form. 6. intake assessment,					

COMPLIANCE REQUIREMENTS R501-13	Y E S	N O	N / A	CON T R A C T	COMMENTS
7. signed consumer agreement, and 8. copy of consumer's service plan.					
C. Director has an employment file on-site for each staff person.					
D. Office has the authority to review program records at anytime.					
R501-13-8. Direct Service Management.					
A. Program has written eligibility, admission and discharge policy and procedure to include the following: 1. intake process, 2. self-admission, 3. notification of the responsible person, 4. reasons for admission refusal which includes a written, signed statement, and 5. reasons for discharge or dismissal.				*	
B. Intake Assessment 1. Before program admits a consumer, a written assessment is completed to evaluate current health and medical history, legal status, social, psychological and, as appropriate, developmental, vocational, or education factors. 2. In emergency drop-in care situations, which necessitate immediate placement, the assessment is completed on the same day of service. 3. All methods used during intake consider age, cultural background, dominant language, and mode of communication. 4. During intake, consumer's legal status, according to State Law, is determined as it relates to the responsible person, who may have authority to make decisions on the consumer's behalf.				*	
C. Consumer Agreement A written agreement, developed with the consumer, the responsible person and Director or designee, is completed, signed by all parties, and kept in the consumer's record. It includes the following: 1. rules of program, 2. consumer and family expectations as appropriate and agreed upon, 3. services to be provided and not provided and cost of service, including refunds, 4. authorization to serve and to obtain emergency medical care, and 5. arrangements regarding absenteeism, visits, vacation, mail, gifts, and telephone calls, as appropriate.				*	
D. Individual Consumer Service Plan 1. A program staff member in collaboration with the Director, is assigned to each consumer and has responsibility and authority for development, implementation, and review of the individual consumer service plan. 2. The plan includes the following: a. findings of the intake assessment and consumer records, b. individualized program plan to enhance consumer well-being, c. specification of daily activities and services, d. methods for evaluation, and e. discharge summary. 3. Individual consumer service plans are developed within three working days of admission and evaluated within 30 days of admission and every 90 days thereafter or as changes occur. 4. All persons working directly with the consumer review the individual consumer service plan.				*	
E. Incident or Crisis Intervention Reports 1. There are written reports to document consumer death, injuries, fights, or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents, and other situations or circumstances affecting the health, safety, or well-being of a consumer while in care. 2. The report includes the following: a. summary information, b. date and time of emergency intervention,				*	

COMPLIANCE REQUIREMENTS R501-13	Y E S	N O	N / A	CON T R A C T	COMMENTS
c. list of referrals if any, d. follow-up information, and e. signature of person preparing report and other witnesses confirming the contents of the report. 3. The report is completed within 48 hours of each occurrence and maintained in the individual consumer's record. 4. When an incident or crisis involves abuse, neglect or death of a consumer, the Director or designee documents the following: a. a preliminary written report within 24 hours of the incident, and b. immediate notification to the Office, the consumer's legally responsible person, the nearest Human Services office, and as appropriate a law enforcement authority.					
R501-13-9. Direct Service.					
A. Adult day care activity plans are prepared to meet individual consumer and group needs and preferences. Daily activity plans may include, community living skills, work activity, recreations, nutrition, personal hygiene, social appropriateness, and recreational activities that facilitate physical, social, psychological, and emotional development.					
B. Activity plans are written, staff are oriented to their use, and are maintained on file at the program.					
C. There is a daily schedule, posted and implemented as designed.					
D. Each consumer has the opportunity to use at least four of the following activity areas each day; general activities, sedentary activities, specialized activities, rest area, self care area, appointed outdoor area, kitchen and nutrition area, and reality orientation area.					
E. A sufficient amount of equipment and materials are provided so that consumers can participate in a variety of activities simultaneously.					
F. Consumers receive direct supervision at all times and are encouraged to participate in activities.					
G. All consumers receive the same standard of care regardless of funding source.					
R501-13-10. Behavior Management.					
A. There are written policy and procedure for methods of behavior management to include the following: 1. definition of appropriate and inappropriate consumer behaviors, and 2. acceptable staff responses to inappropriate behaviors.					
B. Policy is provided to all staff prior to working with consumers and staff receive annual training relative to behavior management.					
C. No staff uses, nor permits the use of physical restraint, humiliating or frightening methods of punishment on consumers at anytime.					
D. Passive physical restraint is used only in behavioral related situations as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint is not associated with punishment in any way.					
R501-13-11. Rights of Consumers.					
A. Program has a written statement of consumer's rights to include: 1. privacy of information and privacy for both current and closed consumer's records, 2. reasons for involuntary termination and criteria for readmission to the program, 3. potential harm or acts of violence to consumers or others, 4. consumer's responsibilities including household tasks, privileges, and rules of conduct, 5. service fees and other costs, 6. grievance and complaint procedures, 7. freedom from discrimination, 8. the right to be treated with dignity, and 9. the right to communicate with family, attorney, physician, clergyman, and others.					
B. Consumer and responsible person are informed of the consumer rights statement to his or her understanding verbally and in writing.					

COMPLIANCE REQUIREMENTS R501-13	Y E S	N O	N / A	CON T R A C T	COMMENTS
R501-13-12. Personnel Administration.					
A. There are written policies and procedures to include the following: 1. staff grievances, 2. lines of authority, 3. orientation and ongoing training, 4. Performance appraisals, and 5. rules of conduct.				*	
B. Individual staff and Director review policy together.				*	
C. Program has a Director, appointed by the governing body, who is responsible for day to day program and facility management.				*	
D. The Director or designee is on-site at all times during program operation.				*	
E. The program employs a sufficient number of trained, licensed, and qualified staff in order to meet the needs of the consumers, implement the service plan, and comply with licensing rules.				*	
F. The program has a written job description for each position, to include a specific statement of duties and responsibilities and the minimum required level of education, training and work experience.				*	
G. The governing body ensures that all staff are certified or licensed as legally required and appropriate to their assignment.				*	
H. The program has access to a physician licensed to practice medicine in the State of Utah.				*	
I. The Director has a file on-site for each staff person to include: 1. application for employment, including record of previous employment with references, 2. applicable credentials and certifications, 3. initial health evaluation including medical history, 4. Tuberculin test, 5. food handler permit as required, 6. training record, including first aid and CPR, 7. performance evaluations, and 8. signed copy of Code of Conduct.				*	
J. Provisions of R501-14 and R501-18 are met.				*	
K. Staff has access to his or her staff file and are allowed to add written statements to the file.				*	
L. Staff files are retained for a minimum of two years after termination of employment.				*	
M. If program uses volunteers, student interns or other personnel, they have a written policy to include the following: 1. direct supervision by a paid staff member, 2. orientation and training in the philosophy of the program, the needs of consumers, and methods of meeting those needs, 3. character reference checks, and 4. all personnel complete an employment application and read and sign the current Provider Code of Conduct. Application is maintained on-site for two years.				*	
N. Staff Training 1. Staff members are trained in all program policies and procedures. 2. Staff have food handler permits as required to fulfill their job description. Program has a staff person trained, by a certified instructor, in first aid and CPR on duty with consumers at all times. 3. If program has DHS contracts, it completes any specific training required by that contract. 4. Training is documented and maintained in individual staff file.				*	
R501-13-13. Staffing.					
A. Adult Day Care Staffing Ratios 1. If eight or fewer consumers are present, one staff person provides direct supervision at all times with a second staff person meeting minimum staff requirements immediately available. 2. If nine to 16 consumers are present, two staff provide direct supervision at all times. The ratio of one staff person per eight consumers continues progressively.				*	

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3. If program has one-half or more of the consumers diagnosed by a physician's assessment with Alzheimer, or related dementia, the ratio is one staff for each six consumers.					
4. Staff supervision is provided continually throughout staff training periods.					
5. If program has nine or more consumers, administrative and maintenance staff are not included in staff to consumer ratio.					
B. The Director meets one of the following credentials: 1. a licensed nurse, 2. a licensed social worker, 3. a licensed psychologist, 4. a recreational, or physical therapist, properly licensed or certified, 5. other licensed professionals in related fields who have demonstrated competence in working with functionally impaired adults, or 6. a person that has received verifiable training to work with licensed or certified professionals with Director credentials.				*	
C. Director obtains 10 hours of related training on an annual basis.				*	
D. Minimum Staff Requirements 1. Staff are 18 years of age or older and demonstrate competency in working with functionally impaired adults. 2. Staff receive eight hours of initial orientation training designed by the Director to meet the needs of the program, plus 10 hours of work related training on a yearly basis.				*	
R501-13-14. Physical Facility. A. The governing body provides written documentation of compliance with: 1. local zoning 2. local business license, 3. local building codes, 4. local fire safety regulations, and 5. local health codes, as applicable, including but not limited to Utah Food Service and Sanitation Act.					
B. the event of ownership change, structural remodeling or a change in category of service, the Office and other regulatory agencies are immediately notified.					
C. Building and Grounds 1. The program ensures that the appearance and cleanliness of the building and grounds are maintained. 2. The program takes reasonable measures to ensure a safe physical environment for its consumers and staff.					
R501-13-15. Physical Environment. A. There are a minimum of 50 square feet of indoor floor space per consumer designated specifically for adult day care during program operational hours. Hallways, office, storage, kitchens, and bathrooms are not included in computation.					
B. Outdoor recreational space on or off site and compatible recreational equipment are available to facilitate activity plans.					
C. All indoor and outdoor areas are maintained in a clean, secure and safe condition.					
D. Unsafe areas, including steep grades, cliffs, open pits, swimming pools, high voltage boosters, or high-speed roads, are fenced off.					
E. Space is used exclusively for adult day care during designated hours of operation.					
F. Bathrooms 1. There is at least one bathroom exclusively for consumer's use during business hours. If facility serves more than ten consumers, there are separate male and female bathrooms exclusively for consumer use. 2. Adult day care programs provide the following: TABLE Toilets Sinks Male 1:15 Female 1:15 Female 1:15 Male 1:15					

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COMPLIANCE REQUIREMENTS R501-13	Y E S	N O	N / A	CON T R A C T	COMMENTS
2. All medications are clearly labeled. Medication is stored in a locked storage area. Refrigeration is provided as needed with medication stored in a separate container.					
3. There is written policy and procedure to include self administered medication, medication administered by persons with legal authority to do so and the storage, control, release, and disposal of medication in accordance with federal and state law.					
4. Any assisted administration of medication is documented daily by the Director or designee.					
R501-13-16. Infectious Disease and Illness.					
A. Program has policies and procedures designed to prevent or control infectious and communicable diseases in the facility.					
B. If a consumer shows signs of illness after arrival, staff contact the family or the responsible person immediately. Consumer is isolated.					
C. No consumer is admitted for care or allowed to remain at the program if there are signs of vomiting, diarrhea, fever or unexplained skin rash.					
D. Staff follow Department of health rules in the event of suspected communicable and infectious disease.					
R501-13-17. Emergency Plans and General Safety.					
A. Program has written plan of action for disaster developed in coordination with local emergency planning services and agencies.					
B. Consumers and staff receive instructions on how to respond to fire warnings and other instructions for life safety.					
C. Program has written plan which staff follow in medical emergencies and in arrangements for medical care, including notification of consumer's physician and the responsible person.					
D. Fire drills are conducted at least monthly at different times during hours of operation, and documented. Notation of inadequate response is documented.					
E. Program has immediate access to 24-hour telephone service. Telephone numbers for emergency assistance are posted by the telephone.					
F. Program has an adequately supplied first aid kit on-site, appropriate to program size.					
R501-13-18. Transportation.					
A. There is written policy and procedures for transporting consumers.					
B. A list of all occupants or consumers, and the name, address and phone number of the program is maintained in each vehicle.					
C. There is a means of transportation in case of emergency.					
D. Vehicle drivers have a driver's license valid in the State of Utah and follow safety requirements of State Motor Vehicles and Public Safety. Drivers have certified first aid and CPR training.					
E. Each vehicle is equipped with an adequately supplied first aid kit.					
F. A belt cutter is kept in all vehicles used to transport consumers. Belt cutter is located in an easily accessible, safe place.					
G. Loose items are secured within the vehicle to reduce the danger of flying objects in an emergency.					